

OTN SYSTEM INSPECTION INFORMATION REQUEST

Individual Residential Wastewater Treatment System

(Please type or print)

Property and Owner Identification

(Please attach property survey or tax parcel map)

Tax parcel identification number _____

Property address _____

Property owner _____

Address _____

Telephone No. _____

Inspection Request Information

Inspection requested by _____

Affiliation _____

Address _____

Telephone No. _____

Requested date of inspection (give two or three) _____

Purpose of request: property transfer _____ agency request _____ malfunction _____
other (please describe) _____

Inspection fee to be paid by: _____

Payment is due before report is released

Household Information

____ Owner-occupied or _____ Rental

____ Full-time or _____ Seasonal

If seasonal, # weeks per year: _____

Last known date of occupancy: _____

Number of occupants: _____

Age of home: _____

Total square footage: _____

of bedrooms: _____

of bathrooms: _____

Water-saving fixtures? _____

Yes _____ No _____

Home, business or hobby? (e.g. daycare, photography, taxidermy, salon): _____

Yes _____ No _____

Regularly used medications? (e.g. chemotherapy, dialysis): _____

Yes _____ No _____

Are there any wells on the property? _____

How many? _____

Household fresh water source: _____

public; _____

well(s); _____

spring(s); _____

other _____

List all public or private buried utilities or structures on property: (gas, electric, phone, etc.)
Type _____

Onsite Wastewater Treatment System (s)

How many systems are on the property? _____

Year system(s) installed: _____

Tank _____

Leach system _____

Are all system components wholly within the property boundaries? _____ Yes _____ No

Are system plans available? _____ Yes _____ No

Does the system(s) serve multiple properties? _____ Yes _____ No

If yes, describe _____

Maintenance

Service agreement? _____ Yes _____ No

If yes, vendor name _____

Date of last inspection _____; N/A _____

Date tank last pumped _____; N/A _____

Frequency of pumping _____; N/A _____

OTN SYSTEM INSPECTION INFORMATION REQUEST (cont.)

List known repairs/replacements, with dates:

<u>Date</u>	<u>Type of Repair/Replacement</u>
_____	_____
_____	_____
_____	_____

Operation

- ◆ System problems? ___ Yes ___ No
- ◆ Sewage odors? ___ Yes ___ No
- ◆ Direct surface discharge(s)? ___ Yes ___ No
- ◆ Back-up of toilets? ___ Yes ___ No
- ◆ Back-up of any other fixtures? (e.g. slow drains) ___ Yes ___ No
- ◆ Seasonal ponding or breakout of leachfield? ___ Yes ___ No

Statement of Acceptance of Conditions

I agree to:

- ensure that the septic tank(s), distribution box(es), and/or seepage pit(s), if any, will be uncovered prior to the requested inspection time;
- have a septage hauler on site (to pump the tank *after** the inspector arrives);
 - *tank must be pumped in presence of inspector*
- have an authorized representative present at the site to provide access to home for inspection of interior plumbing;
- allow the inspector to verify information provided above, and to conduct an inspection of the indicated onsite wastewater treatment system(s), including all system components, and interior and exterior plumbing.

To the best of my knowledge, the information provided above is accurate.

I agree to be responsible for inspection fee payment.

Signature of property owner or authorized agent:

Please print name: _____

Affiliation: _____ owner _____ agent _____

Signature: _____ Date: _____

Comments/Directions to property/etc. (optional)

Inspector

Name of Inspector _____

Affiliation _____

Address _____

Telephone No. _____

OTN SYSTEM INSPECTION FINDINGS WORKSHEET
Individual Residential Wastewater Treatment System

Complete one worksheet for each wastewater treatment system on the property.
 Provide property/system sketch (sheet 5), and attach plan(s) of system(s), if available.

Inspection Conditions Date _____ Inspector _____
 Tax parcel number _____ Temperature: _____ °F
 Weather _____ Can the inspection be fully completed un-
 existing conditions? yes no, because _____

System Layout

Distance from house to first system component (_____), is _____ ft.
 Distance from septic tank to nearest property line is _____ ft.
 Distance from leach system to nearest property line is _____ ft.
 Distance from property well to septic tank is _____ ft, or N/A (Not Applicable) _____
 Distance from property well to leach system is _____ ft, or N/A _____
 Distance from neighboring well to leach system is _____ ft, N/A _____
 Distance from leachfield to surface water is _____ ft, or N/A _____
 Distance from leachfield to top of slope is _____ ft, or N/A _____

Water-Using Appliances (check all that apply)

➤	Washing Machine	Discharge to	
➤	Water Softener	Discharge to	
➤	Whirlpool Bath	Discharge to	
➤	Hot Tub	Discharge to	
➤	Garbage Disposal	Discharge to	
➤	Kitchen Drains	Discharge to	
➤	Dishwasher	Discharge to	
➤	Bathroom Fixtures	Discharge to	
➤	Other (auxiliary sinks, Showers, etc.)	Discharge to	
➤		Discharge to	

Additional Loading

Check any additional sources that are diverted to the septic system:
 storm water sump pumps foundation drains roof runoff
 other (please describe): _____

OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

System Components

Holding tank? ___ yes ___ no; capacity: _____ gallons;
 watertight? ___ yes ___ no ___ unknown; outlet pipe? ___ yes ___ no

Cesspool? ___ yes ___ no; capacity: _____ gallons; overflow pipe? ___ yes ___ no

Septic tank (s)? ___ yes ___ no Number of tanks _____
 Tank construction material(s):
 ___ concrete ___ metal ___ plastic ___ other (_____)

Aerobic system? ___ yes ___ no Type: _____
 Manufacturer: _____ Model: _____

Other system? ___ yes ___ no Type: _____
 Manufacturer: _____ Model: _____

Distribution box? ___ yes ___ no Material: _____

Drop boxes? ___ yes ___ no Number of boxes: _____

Soil absorption system

Type	# of lines	total length, ft	how determined
___ Trad. leachfield	_____	_____	_____
___ Leaching bed	_____	_____	_____
___ Raised system	_____	_____	_____
___ Sand filter	_____	_____	_____
___ Mound system	_____	_____	_____
___ Seepage pit (s)	- number: _____	- Approximate size/depth: _____ / _____	
___ Other	_____	_____	_____

Surface discharge? ___ no ___ yes, there is discharge to: _____

Observations

<u>Yes</u>	<u>No</u>	<u>N/O*</u>	<u>Type/Condition/Comments</u>
			Household plumbing
___	___	___	Are there any leaking fixtures and/or plumbing? _____
___	___	___	Are all waste lines directed to the tank? _____
___	___	___	Are there separate grey water or other waste lines? _____
___	___	___	Are there any other interconnections to the system? (e.g. sump pump, softener, etc.) _____
___	___	___	Is there a system vent? If yes, on roof or ground? _____

OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

<u>Yes</u>	<u>No</u>	<u>N/O*</u>	<u>Type/Condition/Comments</u>
			(*Not Observed)
			Septic tank _____ N/A (Not Applicable)
___	___	___	Access riser? If, yes, depth to cover: (inches) _____
___	___	___	Depth below grade to top of tank: (inches) _____
___	___	___	Tank cover? _____
___	___	___	Inlet baffle? _____
___	___	___	Outlet baffle? _____
___	___	___	Effluent filter? _____
___	___	___	Liquid level: ___ at, ___ above, or ___ below discharge invert?
___	___	___	Number of tank compartments: _____
___	___	___	Visible scum layer? _____
___	___	___	Main tank clean out? Size (in.) _____ Location _____
___	___	___	Capacity (gal.): _____ How determined? _____
___	___	___	Water tight tank? How determined? _____
___	___	___	Cracked, corroded or deformed tank? Describe _____
___	___	___	See or hear flow from inlet while all fixtures/appliances are off?
___	___	___	Evidence of a pipe or conveyance bypassing septic tank?
			Pump system _____ N/A
___	___	___	Is there a dosing or pump tank? _____
___	___	___	Is there an ejector or a grinder pump? _____
___	___	___	Does the pump(s) appear to be operating properly? _____
___	___	___	Is there a high water alarm? _____
___	___	___	Are both switch and alarm operable? _____
___	___	___	Is there evidence of surface water infiltrating the pump chamber?
___	___	___	Are there any obvious electrical shortcomings? _____

Note: the inspector is not a certified electrical inspector

			Dosing Device _____ N/A
___	___	___	___ siphon ___ bell ___ float ___ other: _____
___	___	___	Does device appear to be functioning properly?

			Distribution Box _____ N/A
___	___	___	Number outlets: _____; Number in use: _____
___	___	___	Equal distribution to all outlets? _____
___	___	___	Adjustable flow regulators? _____
___	___	___	Evidence of liquid above outlet inverts? _____
___	___	___	Baffle or other inlet device? _____
___	___	___	Cracked, corroded or deformed? _____

OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

<u>Yes</u>	<u>No</u>	<u>N/O*</u>	<u>Type/Condition/Comments</u>
			(*Not Observed)
			Drop Boxes _____ N/A
___	___	___	Number outlets/box: _____
___	___	___	Outflow line invert above leach line invert (s)? _____
___	___	___	Evidence of liquid above outlet inverts? _____
___	___	___	Cracked, corroded or deformed? _____
			Soil Absorption System _____ N/A
___	___	___	Obvious septic odor? _____
___	___	___	Evidence of seepage? _____
___	___	___	Any area of lush vegetation beyond leach system? _____
___	___	___	Impermeable surface or structure over part or all of leach system? _____
___	___	___	Extensive roots in or near subsurface system? _____
___	___	___	Evidence of heavy equipment on or driving over leach system? _____
___	___	___	Leach system probed for excessive moisture, odor and/or effluent? _____
___	___	___	Leach lines parallel with slope? _____
___	___	___	Sump pump/footer drains discharged onto or near system? _____
___	___	___	System diversion valve? If yes, frequency of alternation: _____

Record general observations of surrounding topography:

System Sketch

- On the next page, sketch the onsite wastewater treatment system to an approximate scale (or verify on and attach existing plan).
- Outline the approximate shape of the house, indicate front (F), back (B), and compass orientation (N).
- Show the location of all system components and their orientation relative to the house and other reference points (e.g. wells, embankments, rock outcrops, roads, fences, other buildings, surface water, etc.).
- Triangulate to indicate manhole (main access) of septic tank and distribution box.
- Show relative grades around and within system area (direction and approximate slope).

Separate plan attached? ___ yes ___ no

OTN SYSTEM INSPECTION FINDINGS WORKSHEET (cont.)

Check all that apply, and provide explanation for *each* checked item in the "Comments/Evaluation" section below:

1. System appears to have functioned adequately under past and present loading. There can be no assurance or guarantee of future performance for any period of time. Numerous factors, such as household water usage, leaking toilets, soil characteristics, and seasonal groundwater table fluctuation, as well as owner failure to manage and maintain the system, will affect its performance.
2. System/components indicate unacceptable operation or performance.
 - 2.a. Absence of treatment tank or other critical component(s) (e.g. d-box, pump chamber, baffles)
 - 2.b. Apparent structural damage.
 - 2.c. Evidence of wastewater breakout or direct discharge.
 - 2.d. Evidence of prolonged high liquid level in dispersal area.
 - 2.e. Failed dye test.
 - 2.f. Other
3. Due to weather conditions, lack of information provided, and/or inaccessibility to all system components, the inspection results are incomplete.
4. System appears undersized, or has undersized components per current standards for new construction since 1990.
5. Recommend upgrade, expansion, and/or replacement of one or more components.

Comments/Evaluation:

****IMPORTANT****

- > The OTN System Inspection *Site Report* excludes components that are concealed or otherwise not observable.
- > The **Inspection Findings** address the present condition of the system but in no way guarantee or warranty future performance.

Date: _____ Inspector Registration number: OTN-_____

Inspector's signature: _____

*The inspection report format is part of a standardized process used by those who have completed inspection training by the New York Onsite Wastewater Treatment Training Network (OTN).